

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF David A Stebbins		COURT CASE NUMBER 4:16-cv-00545-JM
DEFENDANT Arkansas, State of, et al.		TYPE OF PROCESS summons & complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Amy Jones, District 1 Manager, Arkansas Rehabilitation Services ADDRESS Street or RFD, Apartment No., City, State and ZIP Code) 4038 4085 N. College, Suite 150 Fayetteville, AR 72703	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David A Stebbins
123 W Ridge St. Apt. D
Harrison, AR 72601

Number of process to be
served with this Form - 285

Number of parties to be
served in this case

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN DEEDING SERVICE (Include Business and Alternate Addresses, All Telephone Number, and Estimated Times Available For Service):
Fold

FILED
U. S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

OCT 26 2016

JAMES W. MCCORMACK, CLERK

By: *[Signature]*

DEP CLERK

Signature of Attorney or other Originator requesting service on behalf of:

/s/ K. Rochelle

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

10/12/2016

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>09</i>	District to Serve No. <i>09</i>	Signature of Authorized USMS Deputy or Clerk <i>D. Chappell</i>	Date <i>10-18-16</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
10-20-16

Signature of U.S. Marshal or Deputy

Service Fee <i>\$8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or <i>\$8.00</i>	Amount of Refund
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REMARKS:

served via certified mail

2. Article Number



9414 7266 9904 2080 1365 06

3. Service Type **CERTIFIED MAIL®**

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

Amy Jones, District 1 Manager
Arkansas Rehab. Services
4058 N. College, Suite 150
Fayetteville, AR 72703

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Crissy Crawford

B. Date of Delivery

10-29

C. Signature

X Crissy Crawford

☒ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

Reference Information

4:16CV00545